

MENTALLY ILL OFFENDER CRIME REDUCTION GRANT (MIOCRG) PROGRAM

Program Evaluation Survey

This survey will become part of your county's MIOCRG contract with the Board of Corrections.

1. Key Research Contacts:

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2. Program Name:

Grant recipients have found it useful to pick a name that helps them to create a Program identity. Two examples are the IMPACT (Immediate Mental Health Processing, Assessment, Coordination and Treatment) project and the Connections Program. Indicate the name you will use to refer to your program.

Response: **Monterey County Supervised Treatment After Release Program (MCSTAR)**

3. Research Design:

a. Check (✓) the statement below that best describes your research design. If you find that you need to check more than one statement (e.g., true experimental and quasi-experimental), you are using more than one research design and you will need to complete a separate copy of the survey for each design. Also, check the statements that describe the comparisons you will make as part of your research design.

Research Design (Check One)	
<input type="checkbox"/>	True experimental with random assignment to enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Quasi-experimental with matched contemporaneous enhanced treatment and treatment-as-usual groups

<input type="checkbox"/>	Quasi-experimental with matched historical group
<input type="checkbox"/>	Quasi-experimental interrupted time series design
<input type="checkbox"/>	Quasi-experimental regression-discontinuity design
<input type="checkbox"/>	Quasi-experimental cohort design
<input checked="" type="checkbox"/>	Other (Specify) quasi-experimental with matched contemporaneous enhanced treatment and treatment-as-usual-groups compared with a historical sample
Comparisons (Check all that apply)	
<input type="checkbox"/>	Post-Program, single comparison between enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Post-Program, repeated comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
<input checked="" type="checkbox"/>	Pre-Post assessment with single post-program comparison between enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with repeated post-program comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with repeated pre and post program comparisons between and within enhanced treatment and treatment-as-usual groups
<input checked="" type="checkbox"/>	Other (Specify) Treatment group with historical group as counterfactual, and treatment group with matched demographic county with a similar intervention

b. If you are using a historical comparison group, describe how you will control for period and cohort effects.

Response: The project will over sample the historical comparison group and the enhanced and treatment-as-usual groups to deal with potential problems with attrition.

4. Target Population:

Please identify the population to which you plan to generalize the results of your research. Describe the criteria individuals must meet to participate in the enhanced treatment and treatment-as-usual groups (e.g., diagnosis, criminal history, residency, etc.). Also, please describe any standardized instruments or procedures that will be used to determine eligibility for program participation and the eligibility criteria associated with each instrument.

Response: Incarcerated mentally disordered adult offenders age eighteen and above that are in custody at the time of referral or have been released from jail following arrest, and have:

prior history of two or more arrests, and
diagnosis of a serious mental illness (schizophrenia, bi-polar disorders, and other psychotic disorders, as defined by the DSM-IV).

Criteria for program participation:

Scores on the Referral Decision Scale (RDS) to identify serious mental illness: two positive items on the Schizophrenia scale; three items on the Manic-Depressive Scale and two items on the Major Depression Scale.

Ratings on the Clinician Rating Scales (CRS) for alcohol and drug use. Ratings of 3 or above.

Scores on the Dartmouth Assessment of Lifestyle Inventory (DALI)

Scores on the Violence Risk Assessment Guide (VRAG): to measure risk of violence

5. Enhanced Treatment Group:

- a. **Indicate the process by which research subjects will be selected into the pool from which participants in the enhanced treatment group will be chosen. For example, this process might include referrals by a judge or district attorney, or selection based on the administration of a mental health assessment instrument.**

Response: Following arrest, any source in the criminal justice or mental health systems who suspects or knows the inmate/defendant has a mental illness can make a referral to the FACT Team. Upon entry into the jail, a deputy will administer the RDS to all incarcerated persons to detect mental illness. Scores on the RDS or the presence of symptoms of mental illness that the deputy or the jail medical staff identifies will result in referral to a licensed psychiatric social worker for further assessment. The social worker will assess the inmate/defendant for appropriateness of the program, including administration of the DALI and VRAG, CA Quality of Life Inventory, and the BPRS. Following the assessment, the social worker will develop a preliminary treatment plan with the offender, and if the offender agrees, refer him or her to the FACT team. The FACT Team will provide recommendations to the Mental Health Court on acceptance into the MCSTAR program.

- b. **Indicate exactly how the enhanced treatment group will be formed. For example, it may result from randomized selection from the pool described in 5a above. Or, if the group size is small, a matching process may be required to achieve equivalence between the enhanced treatment and treatment-as-usual groups. In the case of a quasi-experimental design, the group may be a naturally occurring group. Please describe the origins of this group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring enhanced treatment groups.**

Response: This is a naturally occurring group due to the quasi-experimental nature of the project. Candidates who meet preliminary inclusion criteria (diagnosis, arrest-record, and assessment scores) and want to participate in enhanced services will be evaluated by the prosecutor, public defender, and the FACT probation officer and clinical team members. The FACT Team Supervisor will act as a liaison to all parties, provide referral information, and facilitate a standing intake meeting to determine eligibility.

6. Treatment-as-Usual (Comparison) Group:

- a. **Indicate the process by which research subjects will be selected into the pool from which participants in the treatment-as-usual group will be chosen.**

Response: There are two treatment-as-usual groups for this project: 1) non-participants who are eligible for MCSTAR, but refuse to participate; 2) eligible participants excluded from MCSTAR because of limited program capacity. These groups will be naturally occurring and the subjects will have the same initial screening and eligibility process as the enhanced treatment subjects. A third group will be a matched demographic county.

- b. **Indicate exactly how the treatment-as-usual group will be formed.** For example, if a true experiment is planned, the treatment-as-usual group may result from randomized selection from the subject pool described in 5a above. Or, if the group size is small, a matching process may be required in an attempt to achieve treatment-control group equivalence. If a quasi-experimental design is planned, the group may be a naturally occurring group. Please describe the treatment-as-usual group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring comparison groups.

Response: For the Refuser Comparison Group, selection is determined by the offender's decision to forgo participation in enhanced treatment. For the Excluded Comparison Group, selection is determined by the availability of openings in the program. If openings occur during the course of the project, replacements will be selected from an over sample of Eligibles. Neither offenders who refuse services initially, nor offenders that are excluded, will be able to participate in the enhanced treatment group. For the Matched Demographic County, summary statistics from MCSTAR will be compared with summary statistics from a matched demographic county with a similar intervention that does not target criminal reasoning skills. Monterey County will work with the BOC to identify an appropriate county for comparison and to obtain summary statistics.

7. Historical Comparison Group Designs (only):

If you are using a historical group design in which an historical group is compared to a contemporary group, please describe how you plan to achieve comparability between the two groups.

Response:

8. Sample Size:

This refers to the number of individuals who will constitute the enhanced treatment and treatment-as-usual samples. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program). In addition, there may be offenders who participate in the program yet not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research or they may enter into the program too late for you to conduct the follow-up research you may be including as part of the evaluation component). Using the table below, indicate the number of individuals that you anticipate will complete the enhanced treatment or treatment-as-usual interventions. This also will be the number of individuals that you will be including in your statistical hypothesis testing to evaluate the program outcomes. Provide a breakdown of the sample sizes for each of the three program years, as well as the total program. Under Unit of Analysis, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (write the expected number in each group)			
Program Year	Treatment Group	Comparison Group – Refusers *	Comparison Group- Excluded *
First Year	20	15	0
Second Year	25	30	15
Third year	–	-	30
Total	45	45	45
Unit of Analysis (Check one)			
X	Individual Offender		
	Geographic Area		
	Other		

9. Enhanced Treatment Group Interventions:

Describe the interventions that will be administered to the enhanced treatment group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

Response: The Mental Health Court and FACT team intervention will consist of three phases:

1. Pre-Enrollment, Assessment and Orientation Phase;
2. Treatment Phase
3. Follow-up/Aftercare Phase.

In-custody assessment and treatment services will be available during Phase I and will be provided by a licensed psychiatric social worker. Phase II - Treatment services will focus on provision of forensic assertive community treatment, cognitive skill training, and oversight by the Mental Health Court. A Forensic Assertive Community Treatment Team (FACT) will provide intensive case management and supervision, supportive counseling, substance abuse treatment (if needed), medication management, and cognitive skill training to address criminogenic behavior. The team composition includes a unit supervisor, a probation officer, three social workers, a mental health aide and a part time psychiatrist. Phase III - Aftercare maintains mental health services provided by the clinical staff of the FACT team, but decreases intensive supervision by the probation officer. Supervised and Supportive Community Housing (treatment furlough beds, augmented board and care beds, supportive housing, single room occupancy units, and rent subsidies.) will be available to all enhanced treatment participants in all phases. Housing will be provided through a network of contracted housing providers and jail furlough beds.

The Mental Health Court will be held weekly and will include a designated judge, district attorney, and public defender. The FACT team unit supervisor and the team's probation officer will provide linkage to the Judge and Mental Health Court representatives. The

Mental Health Court will oversee all enhanced treatment group cases and define the individualized treatment contract that specifies mental health service and probation supervision requirements. The Court will also oversee plans for graduated sanctions for the enhanced treatment group that will be used to promote compliance and public safety.

Pre- and Post-test measures will be administered to 45 subjects in the treatment group by the licensed psychiatric social worker to evaluate changes in functioning, supports, and skill development resulting from participation in the treatment group. Monterey County will provide oversight to monitor the FACT team and the Mental Health Court through Kyle Titus, Ph.D., Mental Health Division, and Lt. Cliff Winant, Sheriff's Department.

10. Treatment-as-Usual Group Interventions:

Describe the interventions that will be administered to the treatment-as-usual group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

Response: Treatment-as-usual services include general probation department oversight, regular case management when available, medication management, and referrals to other mental health and community support services as needed and available. The Probation Department will assign a probation officer on a rotating basis. The Mental Health Division will assign a mental health case manager, based on availability. The Jail social worker will make referrals to appropriate community agencies prior to release for other mental health, substance abuse treatment, housing, and community support activities.

Pre-and Post-test measures will be administered by the licensed psychiatric socials worker to at least 45 subjects in each of the other two comparison groups, the "Refusers" and those excluded due to limited program capacity.

11. Treatments and Outcomes (Effects):

Please identify and describe the outcomes (treatment effects) you hypothesize in your research. Indicate in the table below your hypothesized treatment effects (i.e., your dependent variables), their operationalization, and their measurement. Also indicate the treatment effect's hypothesized cause (i.e., treatments/independent variables) and the hypothesized direction of the relationship between independent and dependent variables.

Independent Variables (treatment)	Dependent Variables (hypothesized outcomes)	Operationalization of Dependent Variables	Method of Measuring Dependent Variables	Hypothesized Relationship Between Ind & Dep Variables (+ or -)
Mental Health Court/FACT Team	Reduction in the average jail days	In-jail assessment and referral to Mental Health Court for intensive case management and supervision	Average jail sentence days; average jail sentence days under MCSTAR; average jail days prior to adjudication; average jail days served for probation violations, average jail days served for probation violations for mentally ill offenders; MCSTAR average jail days for probation violations	-
Mental Health Court/FACT Team	Reduction in jail days by providing alternatives to the use of the jail for non-compliance with the treatment conditions of probation.	Graduated sanctions and intensive probation	# of jail sentence days; # of jail sentence days under MCSTAR; # of average jail days prior to adjudication; # of jail days served for probation violations, # of jail days served for probation violations for mentally ill offenders; MCSTAR # of jail days for probation violations	-
FACT Team	Decrease in MIO arrests and contacts with police related to criminal activity.	Intensive supervision and case management	Average technical probation violation rates; average technical probation violation rates for MIOs; MCSTAR technical probation violation rates; typical recidivism rates for probationers; typical recidivism rates for MIO probationers; typical recidivism rates for MCSTAR probationers; typical parole violation rates; typical MIO probation violation rates; MCSTAR parole violation rates.	-
FACT Team	Decrease in psychiatric hospitalizations	Intensive case management and treatment services	Average psychiatric hospitalization days; average psychiatric hospitalization days under MCSTAR.	-
Cognitive Skill Training	Changing in attitudes toward social responsibility	36-hour cognitive skill development program	Scores from the Attitude and Behavior Survey) (University of Colorado Center for Action Research, 1991)	+

12. Statistical Analyses:

Based on the table in #11 above, formulate your hypotheses and determine the statistical test(s) you will use to test each hypothesis. Enter these into the following table.

Statement of Hypothesis	Statistical Test(s)
1. Cognitive skill training on criminogenic behavior will increase attitudes toward social responsibility	T-test, analysis of variance with pair-wise comparisons and covariate analysis when appropriate
2. FACT team treatment interventions will improve overall level of functioning	Analysis of variance with pair-wise comparisons
3. FACT team supervision will improve probation compliance	Analysis of variance with pair-wise comparisons
4. Mental Health Court will result in fewer jail days for technical probation violations	T-test and/or analysis of variance with pair-wise comparisons
5. FACT team intervention will decrease "failures to appear"	T-tests and/or analysis of variance with pair-wise comparisons
6. FACT team intervention will decrease psychiatric hospitalization	T-tests and/or analysis of variance with pair-wise comparisons
7. FACT team intervention will decrease overall use of jail days	T-tests and/or analysis of variance with pair-wise comparisons
8. FACT team intervention will increase use of community supports	T-tests and/or analysis of variance with pair-wise comparisons

13. Cost/Benefit Analysis

Please indicate whether you will be conducting a Program cost/benefit analysis of the program (optional).

Cost/Benefit Analysis	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If you will conduct a cost/benefit analysis, describe what it will focus on and how it will be performed.

Response: Our goal is to assess what components of the MCSTAR program are cost-effective and if there is a reduction of costs to the criminal justice system. In this part of the evaluation, cost will be identified and defined. For example, criminal justice costs will be quantified, such as costs for "failure's to appear", reduction in arrests and actual inmate days spent in jail. Cost information will be derived from the measures used in the process and outcome components of the evaluation. Monterey will identify what are legitimate costs, costs that should be included, and approaches to define the costs to be analyzed. Costs will be compared as part of the statistical analyses.

14. Process Evaluation:

How will the process evaluation be performed? That is, how will you determine that the program has been implemented as planned and expressed in your proposal? Please include a description of how will you will record and document deviations of implementation from the original proposal. Also, please identify who will conduct this evaluation and who will document the results of the evaluation.

Response: We will conduct a six-month review and annual reviews thereafter that include a variety of methods such as focus groups, interviews, surveys, and on-site observation of the program to evaluate fidelity of the implementation to the original proposal. A written report of each review will summarize findings, including deviations from the original plan. Blueprints will be used to compare the pre-and post-implementation program organization. Fidelity scales will be developed and used to assess the extent to which Monterey implements its planned MCSTAR program. These scales will be used to summarize how Monterey implements MCSTAR across the detailed domains captured by the reviews and blueprints in a way that can be clearly correlated with program outcomes through analyses. William M. Mercer, Incorporated, will conduct and document the results of the process evaluation.

15. Program Completion:

What criteria will be used to determine when research participants have received the full measure of their treatment? For instance, will the program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion be determined when participants have achieved a particular outcome? If so, what will that outcome be and how will it be measured (e.g., decreased risk as measured by a "level of functioning" instrument)?

Response: The program has 3 Phases: orientation, treatment, and aftercare. The Treatment Phase consists of three levels of care following the orientation phase of the program. Each level consists of certain objectives offenders must meet before advancing to the next level. The FACT team staff will review the criteria for each phase in evaluating offender eligibility for moving to the next phase of the treatment process. For example, to complete level 3 and receive a transfer to standard probation, the Team will have determined the offender no longer needs intensive probation supervision. The client will continue to receive mental health treatment, housing, and support services through the FACT team, but it may be less intensive. To complete Level 3 of MCSTAR, a participant must meet the following criteria:

- Comply with probation supervision requirements.

- Comply with psychiatric treatment, including medication compliance, including attendance at scheduled sessions.

- Demonstrate appropriate daily living skills, interpersonal skills, and leisure activities.

- Achieve a stable level of overall functioning.

- Have a job or participate in job training or structured day activities.

Have not violated probation under Level 3 supervision nor engaged in illegal activity for at least 12 consecutive months.

Receive the approval of the Mental Health Court judge.

Performance on the Quality of Life inventory will be used to assess appropriateness for movement to the Follow-Up/Aftercare Phase. Performance on the BPRS and Quality of Life inventory will also be used to assess appropriateness for movement within the previous levels of the treatment phase, in addition to specific criteria for those levels.

Results from the Attitude and Behavior Survey will provide information on whether there are changes in critical thinking skills.

The length of the program for individuals will be in the range of 18-36 months depending on the length of probation and the needs of the client. Follow-up will occur six months after completion of the program.

16. Participant Losses:

For what reasons might participants be terminated from the program and be deemed to have failed to complete the program? Will you continue to track the outcome measures (i.e., dependent variables) of those who leave, drop out, fail, or are terminated from the program? For how long will you track these outcome measures?

Response: The participant may be terminated from the program for the following reasons:

Non-compliance with treatment and supervision protocols as specified in the treatment phase/levels. The FACT Team or the Mental Health Court will determine criteria for non-compliance.

Participant is sentenced to state prison or the county jail for an extended period.

Participant moves out of the county's jurisdiction or dies.

Monterey County will track outcome measure for those who leave, drop out, fail, or are terminated from the program, to the extent possible, for the duration of the project.